



**City of Greenwood Department of Stormwater Management**

300 South Madison Ave, Greenwood, IN 46142

voice (317) 887-4711 fax (317) 887-5616

**Public Private Partnership Application**

Signature \_\_\_\_\_

Name of Applicant or Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

PROJECT APPLICANT STATUS: (Check one.)

\_\_\_\_\_ Local Government, School District, or other political organization

\_\_\_\_\_ Homeowner's Association

\_\_\_\_\_ Other (Please explain.)

\_\_\_\_\_  
\_\_\_\_\_

Name of Project \_\_\_\_\_

Location of Project \_\_\_\_\_

Who owns the parcel upon which the project will take place? \_\_\_\_\_

\_\_\_\_\_  
Description of Project \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_